

# **State of West Virginia Insurance Commissioner**

## **INSTRUCTIONS--APPLICATION FOR SURPLUS LINES LICENSE**

### **Resident Applicants**

1. Complete & submit application and Child Support Affidavit for review for approval.
2. Approved applicants will receive information for taking the WV Surplus Lines License exam.
3. After passing the exam, forward original Passing Score Report and \$200.00 license fee (paid to West Virginia Ins. Dept.) to Agents Licensing & Education for issuance of license.

### **Non-Resident Applicants**

1. Complete application and Child Support Affidavit.
2. Attach \$200.00 license fee (paid to West Virginia Ins. Dept.)

Mail all forms & fees to:  
Agents Licensing & Education  
West Virginia Ins. Dept.  
PO Box 50541  
Charleston WV 25305-0541  
Overnight courier address:  
1124 Smith St.  
Charleston WV 25301

STATE OF WEST VIRGINIA  
Insurance Commissioner  
PO Box 50541  
Charleston WV 25305-0541  
**APPLICATION FOR SURPLUS LINES LICENSE**

Choose one: \_\_\_\_ Resident \_\_\_\_ Non-Resident

1. Applicant Name: \_\_\_\_\_

Last, First, Middle, Suffix

a. Social Security # \_\_\_\_\_ b. Date of Birth \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

Street, City, State, Zip

3. Business Address: \_\_\_\_\_

Street, City, State, Zip

4. Do you hold a West Virginia Property-Casualty license? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide your license number: \_\_\_\_\_ Original issue date: \_\_\_\_\_

5. Have you ever been penalized, fined, had an insurance license denied, refused, placed on probation, suspended, or revoked by this department or the insurance department of any other state? \_\_\_\_ Yes \_\_\_\_ No

If yes, provide a sworn notarized statement describing the event and include certified copies of documents from the jurisdiction where the action was administered.

6. Have you ever been charged or indicted for, convicted of, a felony or misdemeanor (exclude traffic violations)?

\_\_\_\_ Yes \_\_\_\_ No

If yes, provide a sworn notarized statement describing the event and include certified copies of documents from the jurisdiction where the action was administered.

7. Describe, in detail, the coverage & classes of risks you intend to place through the surplus lines market.

8. List the names of all unauthorized insurers intended to be used.

9. I certify that I have read Chapter 33, Article 12C and Article 43 of the Code of West Virginia and Title 114, Series 20 of the West Virginia Code of State Rules and that I understand and intend to comply with said statutes and rules as defined therein. \_\_\_\_ (Affix initials)

10. I understand that, under West Virginia laws, I may not place all or any part of a risk in the non-admitted market unless coverage cannot be procured from licensed insurers after diligent search has been made. \_\_\_\_ (Affix initials)

11. I understand that the placing of insurance with an unlicensed insurer must not be for the purpose of securing advantages either as to premium rate or terms of the insurer contract. \_\_\_\_ (Affix initials)

12. I understand that if I intend to place coverage in the admitted market, I must also obtain a WV non-resident Property-Casualty license. \_\_\_\_ (Non-resident applicants only, Affix initials)

13. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

14. NOTARY Section: State of \_\_\_\_\_ County of \_\_\_\_\_

The applicant, whose name appears signed to the writing above, **after first being duly sworn by me**, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public: \_\_\_\_\_ My Commission Expires \_\_\_\_\_

(SEAL)

**Ins. Dept. Use Only**

Lic. # \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Check # \_\_\_\_\_ Ck. Date: \_\_\_\_\_

## AFFIDAVIT

To be completed and considered part of application for Surplus Lines license  
West Virginia Code 48-15-303 requires the applicant to respond to each of the  
following statements:

1. Do you have a child support obligation? ☐ YES ☐ NO  
If YES, does the arrearage (amount owed) equal or exceed the amount of child support  
payable for six months? ☐ YES ☐ NO  
2. Are you the subject of a child support related subpoena or warrant? ☐ YES ☐ NO

**I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THE  
INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO  
THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT  
MAKING FALSE STATEMENTS ON THIS APPLICATION MAY RESULT IN  
DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, REVOCATION OR  
SUSPENSION OF THE LICENSE FOR WHICH I AM MAKING APPLICATION.**

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTARY SECTION:

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The applicant, whose name appears signed to the writing above, after first being duly  
sworn by me, says that the above statements are true to the best of his/her knowledge  
and belief.

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(SEAL)